



**WINDSOR
HEIGHTS**
the heart of it all

City of Windsor Heights

www.windsorheights.org

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324

Phone 515-279-3662 • Fax 515-279-3664

TEMPORARY STRUCTURE APPLICATION Residential

Date of Application: _____

Company Name/Applicant: _____

Address: _____

Phone: _____

Email: _____

Contact: _____

Number of structures: _____

Description of proposed site of structure(s): _____

The need for such structure(s): _____

Period of time for structure(s): _____

Description, including dimensions of structure(s): _____

Permit Fees:

First 30 days: \$0

Second 30 days: \$20.00

Third 30 days: \$40.00

Thereafter: \$20.00 per 30-day extension

☐ Cash ☐ Credit Card

☐ Check Number _____

SIGNATURE OF MANAGER OR OWNER (APPLICANT)

X _____

DATE: _____

_____ Approved _____ Denied Date: _____

Zoning Administrator